

27th Best Practices Forum

The Massachusetts Medicaid CMS Section 1115 Waiver Program

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The logo consists of a green arc above the text.
Massachusetts League
of Community Health Centers

MassHealth Background

- The Massachusetts Medicaid (MassHealth) waiver was launched in 1997
- CMS, then called HCFA made it clear that this was ***one time only***
- Now it its 6th extension being recently amended and approved November, 4 2016 (four days prior to the momentous national election)
- This extension begins July 1, 2017 and runs for 5 years

The Boston Globe, Sunday, February 19, 2017



MassHealth Restructuring and the 1115 CMS Waiver

- MassHealth is the Commonwealth's Medicaid program and covers 1.9 million residents (1 in 4)
- The Baker-Polito Administration is committed to a sustainable, robust MassHealth program

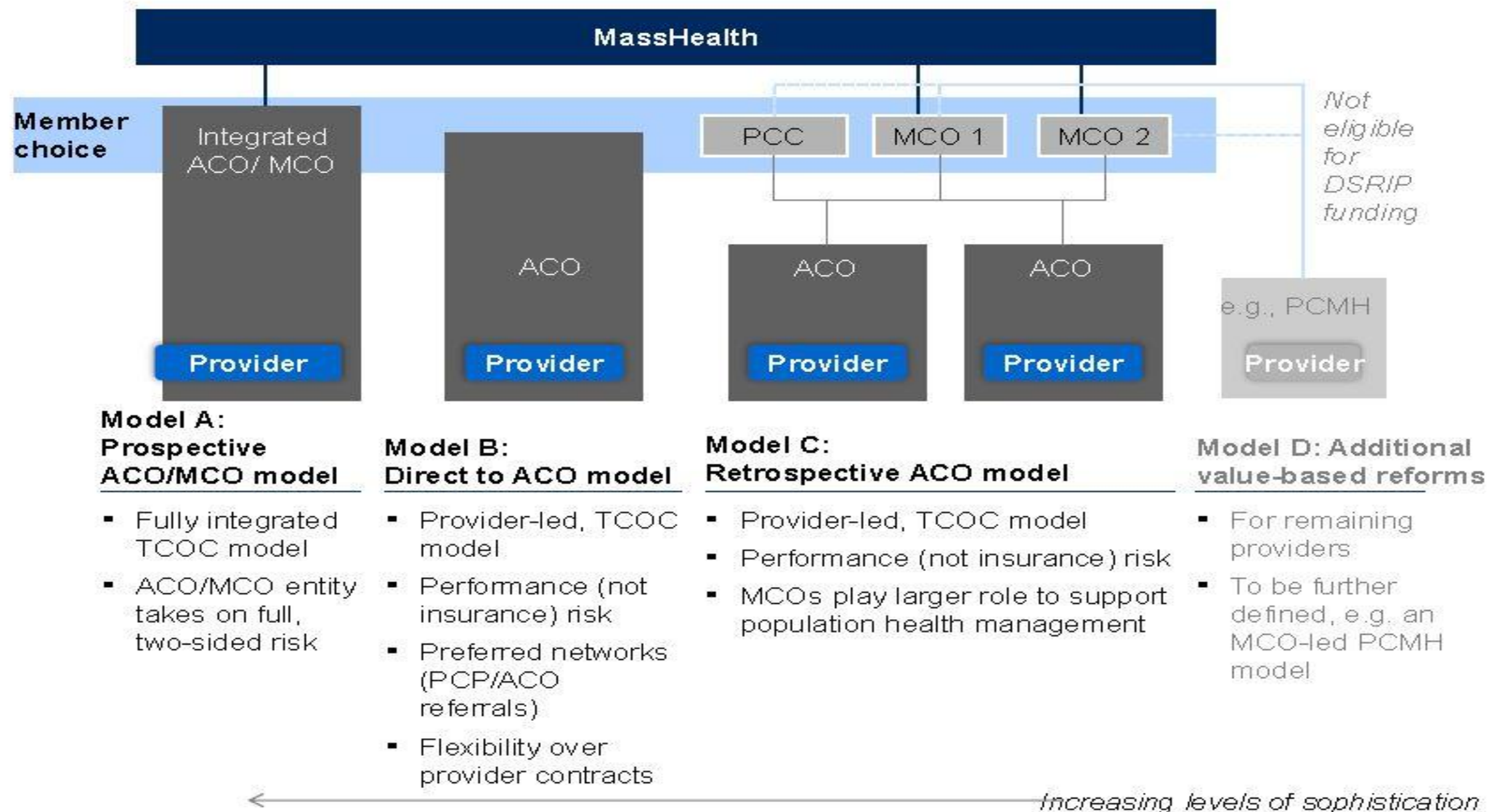
Creating the Current Waiver

- Restructuring is the result of a year of intensive stakeholder engagement
- Workgroups of 150+ stakeholders began meeting in August 2015 to help shape the design
- Community Health Centers were **at the table!**
- Received 100 oral and written comments during public comment period

What has been approved?

- Of the authorized \$52.4 billion over 5 years \$29.2 billion of matching federal revenue for MA over that timeframe
- Preserves and maintains the stability of the safety net care pool (HSN) and expands the number of safety net hospitals included in the waiver from 7 to 15
- Expands MassHealth covered services for Substance Use Disorders (SUD)

ACO models: overview of models



Safety Net Care Pool (SNCP)

- Renews authority for the Health Safety Net program, including payments to community health centers
- Restructures supplemental payments for safety net hospitals, linked to ACO participation
- The required state share for the SNCP and DSRIP investment is supported by a \$250M increase in the existing hospital assessment

Promoting Integration and Accountability

- The fundamental structure of MassHealth program has not changed in 20 years. The current fee-for-services payment model for providers results in fragmented care
- In ACO models, provider-led organizations are accountable for the cost and quality of care for members

Delivery System Reform Incentive Program (DSRIP) Funding

- 5 year time limited, \$1.8 billion of upfront DSRIP investments to support ACO transitions
- Explicit funding to build community capacity for BH/LTSS integration and for health-related social needs
- Includes statewide investments for identified high priority health issues (e.g. Emergency Department boarding, workforce development, accommodations for members with disabilities)
- CHC Technical Assistance

Addressing the Opioid Crisis

- 1115 CMS Demonstration Waiver expands MassHealth Substance Use Disorder (SUD) coverage
- Includes full continuum of medically necessary 24-hour community based rehabilitation services
- Pursue new federal funds generated under the waiver to expand the state's capacity of residential rehabilitation service programs and fund care coordination and recovery services for members with significant SUD
- Promotes OBOT

Improving Integration

- Improves integration among physical health, behavioral health, long-term services and supports health-related social services
- Explicit focus on establishing a BH system phased-in inclusion of LTSS into ACO and MCO accountability

Implementation Timelines

- CMS approved the waiver on November 4, 2016
- 6 pilot ACOs launched in December 2016
- ACO procurement resulted in significant shifts
- DSRIP funding starts at the beginning of State Fiscal Year 18- July 1, 2017
- Implementation of the full ACO model, BH/LTSS Community partners in December 2017

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